

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

APPLICANT(S)

10/5883/6

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	DND.	DEP.	IND.	DEP.	IND.	DEP.		DND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3							53						
4			2				54						
5	1						55						
6							56						
7							57						
8							58						
9	1		2				59						
10							60						
11							61						
12			2				62						
13	1						63						
14			1				64						
15	1						65						
16			1				66						
17	1						67						
18			1				68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DND.	16		↓		↓								
TOTAL DEP.	15	←		←		←		↓		↓		↓	
TOTAL CLAIMS	2	2											